

# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

**Mail notification to: MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201**

Operator Project #	Postmark	Date Received (MDEQ use only)	Notification # (MDEQ use only)	
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <b>R</b>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) Removal of yellow house with transite siding to another location.				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) <b>524 Lorenz Boulevard, Jackson, MS 39216</b>				
Bldg. Name: <b>Fondren Hospitality Group, LLC Site</b>				
Address <b>115 W. Jackson Street, Suite 2D</b>				
City: <b>Ridgeland</b>	State: <b>MS</b>	Zip: <b>39157</b>		
Site Location: <b>524 Lorenz Boulevard, Jackson, MS 39216</b>		Tel: <b>601/488-4657</b>		
Building Size <b>912 square feet</b>	# of Floors: <b>1</b>	Age in Years: <b>1947</b>		
Present Use: <b>Residential</b>	Prior Use: <b>Residential</b>			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: <b>Fondren Hospitality Group, LLC</b>				
Address: <b>115 W. Jackson Street, Suite 2D</b>				
City: <b>Ridgeland</b>	State: <b>MS</b>	Zip: <b>39157</b>		
Contact: <b>Kishan Gopal/Ali Bhatti</b>		Tel: <b>601/488-4657</b>		
REMOVAL CONTRACTOR <b>Means House Moving</b>				
Address: <b>404 Dear Hollow</b>				
City: <b>Brandon</b>	State: <b>MS</b>	Zip: <b>39047</b>		
Contact: <b>Todd Means</b>		Tel: <b>601/940-0689</b>		
OTHER OPERATOR: <b>Advanced Environmental Consultants, Inc. (AEC)</b>				
Address: <b>775 North President Street</b>				
City: <b>Jackson</b>	State: <b>MS</b>	Zip: <b>39202</b>		
Contact: <b>DeJonnnette Grantham King, Ph.D.</b>				
V. IS ASBESTOS PRESENT? (Yes/No) <b>Yes</b>				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):				
<b>NA</b>				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed		
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed		Indicate Unit of Measurement Below		
		Category I	Category II	
Pipes	RACM To Be Removed		Ln Ft:	Ln M:
Surface Area			Sq Ft:	Sq M:
Vol RACM Off Facility Component			Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>10/26/17</b>		Complete: <b>11/17/17</b>		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>9/12/17</b>		Complete: <b>11/17/17</b>		

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OCT 26 2017

Dept. of Environmental Quality

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

AEC will monitor and remove transite which will be disturbed during moving.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:

6 ml poly will be wrapped around home to secure all transite siding during transporting. AEC will monitor moving activity.

XII. WASTE TRANSPORTER #1 NA

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

WASTE TRANSPORTER #2 NA

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE NA

Name:

Address:

City:

State:

Zip:

Tel:

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name: NA

Title:

Authority:

Date of Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS: NA

Date and Hour of Emergency (MM/DD/YY):

Description of the sudden unexpected event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Operations will cease, areas contained, and MDEQ notified.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION, AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.

Lance Conn

Type or Print Name

(Signature of Owner/Operator)

10/25/17

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Lance Conn

Type or Print Name

(Signature of Owner/Operator)

10/25/17

(Date)